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Atty. Dkt. No. 089187-0115

TECH CENTER 1600/2900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant: Michael NAUCK *et al.*Title: METHOD AND COMPOSITION FOR
ENHANCED PARENTERAL NUTRITION

Appl. No.: 09/011,940

Filing Date: 03/03/1999

Examiner: B. Celsa

Art Unit: 1627

AMENDMENT TRANSMITTALCommissioner for Patents
Box NON-FEE AMENDMENT
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

☐ Small Entity statement is enclosed.

☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	34	35	0	x \$18.00	\$0.00
Independents:	7	7	0	x \$80.00	\$0.00
First presentation of any Multiple Dependent Claims:			+	\$270.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$0.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$0.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00 . A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date June 20, 2001

By Brian K. Lathrop

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Brian K. Lathrop
Agent for Applicant
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